Georgia Medicaid EDI Trading Partner Agreement and Enrollment Form for Providers

The EDI Trading Partner Agreement (TPA) and Enrollment Form is to be used and completed by Georgia Medicaid/Peach Care for Kids Providers, wishing to enroll to submit/retrieve electronic transactions directly. Changes to existing EDI Enrollments should be submitted using the EDI Update Form located on the web portal under EDI>Documents and Forms. Do not use this form if already enrolled and sending electronically. Submit the completed Georgia Medicaid and PeachCare for Kids EDI Trading Partner Agreement and Enrollment Form to:

> ATTN: EDI Services Unit
> P.O. Box 105201
> Tucker, GA 30085-5201

Section 1: Business / Practice Information (Required fields indicated by asterisk*)

*Please Indicate your Provider Type (select one):

☐ Individual Provider (Solo Practitioner)   ☐ Group Provider (Multiple Practitioners)

*Provider/Business Name

*Legacy Medicaid Provider ID:	*Employer Identification Number (Tax ID):	National Provider Identification (NPI):

*Business Street Address:	*City	*State	*Zip Code

Section 2: Contact Information (Required fields indicated by asterisk*)

*Primary Contact Name	*Phone Number	Fax Number
	( )	( )

*Email Address

Alternate Contact Name	Phone Number	Fax Number
	( )	( )

Email Address

Alternate Contact Name	Phone Number	Fax Number
	( )	( )

Email Address

*Section 3: Submission Method (Required)

Please Select your method of transmission (select one):

☐ Web Portal -X12 Batch Upload Only (20MB limit)	☐ Provider Electronic Solution (PES) Dial-Up–Modem Required
☐ Secure File Transfer Protocol (SFTP) (50MB limit)	☐ Provider Electronic Solution (PES) LAN – High Speed Internet
☐ CD-ROM/Diskette/Tape (X12 Format)*	☐ N/A (Not Applicable-Enrolling for ERA Only as indicated below)
***Requires special approval from HPES**	

If you are using PES, do you need a free copy of PES sent via US mail?

☐ Yes, please send me my free copy of PES to the address listed above.

☐ No, I was able to download a copy of PES from the Web Portal under the EDI>Software and Manuals page at www.mmis.georgia.gov.

*Section 4: Document Transaction Types (Required)

Please Indicate the X12 transaction types you wish to send and/or receive:

☐ 837P Professional Claims	☐ 820 Premium Payment
☐ 837P Professional Claims (Encounter)	☐ 834 Benefit Enrollment (Inbound/Outbound)
☐ 837I Institutional Claims	☐ 835 Electronic Remittance Advice (ERA)
☐ 837I Institutional Claims (Encounter)	☐ 270/271 Eligibility Request/Response
☐ 837D Dental Claims	☐ 270/271 Eligibility Request/Response (Real-time)
☐ 837D Dental Claims (Encounter)	☐ 276/277 Claim Status Request/Response

☐ **ERA Only Enrollment**-I will continue to submit my claims on paper or using Direct Data Entry on the Web Portal; however, I wish to be able to download my Remittance Advices (RA) electronically via the 835 X12 format using the secure Web Portal.

☐ **Check this box to confirm that Ramp Manager testing is complete and files have passed HIPAA compliancy edits**
To verify whether your files are HIPAA compliant with the Georgia Medicaid/Peach Care for Kids edits, please test and pass your EDI files successfully by visiting our Ramp Manager (Edifecs) Tool: https://sites.edifecs.com/?gamedicaid. Ramp Manager is free and requires an email address to register and upload test transactions. Failure to submit files via Ramp Manager and pass will delay becoming actively enrolled as an electronic submitter for the Georgia Medicaid and PeachCare for Kids Program.

Provider Agent Delegation: If the Provider will not submit electronic transactions directly to Georgia Medicaid/PeachCare for Kids and will be using a 3rd party agent such as a ClearingHouse, Software Vendor, or Billing Agent to submit/retrieve EDI files on his or her behalf, **please do not complete this form.** Instead, providers must delegate a submitter as their agent via the secure Web Portal Medicaid User Provisioning System (MEUPS) by visiting www.mmis.georgia.gov .Once logged in the Provider will select the "MEUPS Account Management button and selecting "Add Agent". Providers will need the agents' registered Web Portal Trading Partner Account Logon and email address to search for them and add them as their agent. Providers must assign the agent the following role: Trade Files Upload/Download so that the agent may submit/retrieve files on the Providers' behalf. Provider who need assistance with their MEUPS Web Portal Logon ID/Password must contact EDI Services at 866-261-8785 or 770-325-9590.

DO NOT SUBMIT THIS FORM UNLESS YOU WILL BE SUBMITTING EDI X12 BATCH FILES DIRECTLY OR IF YOU WISH TO RECEIVE X12 835 ELECTRONIC REMITTANCE ADVICES.

The provider identified on this EDI Agreement understands and agrees to the following:

1. Payment of claims will be from federal and state funds and that any falsification or concealment of material fact may be prosecuted under Federal and State Laws.

2. Providers must safeguard the Medicaid program against abuse in the use of electronic claims submission.

3. Providers must correctly enter the claims data, monitor the data and certify that the data entered is correct.

4. Providers must assure that the transmission of claims data is restricted to authorized personnel to prevent erroneous payments by the Agency's fiscal agent that might result from carelessness of fraud.

5. Providers must have on file the applicable source data to substantiate the claim submitted to the Medicaid program.

6. Providers must allot the Agency or any of its designees and representatives of the office of the Auditor General or the Attorney General to review and copy all records, including source documents and data related information entered through electronic claims submissions.

7. Providers must abide by all Federal and State statuses, rules, regulations, and manuals governing the Georgia Medicaid program.

8. Providers must sign and adhere to all conditions of the Medicaid Provider Agreement and be officially enrolled in the Medicaid program to participate in electronic claims submission.

9. Providers must agree to indemnify and hold harmless State and State agent Representatives from any and all violations of this certification.

*Provider Signature: _____   *Date: _____
(Use Original Signatures Only-No Photocopies)

Please mail the completed EDI Agreement and to:

ATTN: EDI Services Unit
P.O. Box 105201
Tucker, GA. 30085

INTERNAL AGENT USE ONLY

Received By:	Receipt Date:

Date Mailed:	

Incomplete EDI Enrollment Agreement Applications received by EDI Services will be returned to the provider if information is incomplete or if the provider is not actively enrolled in the Georgia Medicaid program.

Attention active enrolled providers previously sending/receiving EDI transactions with ACS.

- All active submitters will be converted automatically on or before November 1, 2010 from ACS's system to HP's system prior to the HP go-live transition as the new fiscal agent to become effective November 1, 2010. No further provider enrollment action is necessary and no new EDI enrollment agreement is needed for these active submitters converted from ACS' system to HP's system. However, it is necessary that all current submitters with ACS' systems test their EDI transactions prior to Go-Live using the Georgia Health Partnership Ramp Manager System. Ramp Manager allows submitters to send test files powered through Edifecs to see if the EDI X12 file is HIPAA compliant based on the Georgia Medicaid Companion Guidelines.

- Ramp Manager can be accessed by clicking the following link https://sites.edifecs.com/?gamedicaid . Registration is required and free in order to test 837 X12 transactions via Ramp Manager. Because there are new HIPAA compliant edits in place with the new HP Medicaid Management Information System. Failure to test your transactions may result in the inability to send files successfully into our Production environment.

- No EDI enrollment paperwork or testing is required if using an actively enrolled Billing Agent, Software Vendor, or Clearinghouse. Providers will need to logon electronically using their Secure Web Portal Medicaid Enterprise User Provisioning System (MEUPS) account to logon and select their Billing Agent, Software Vendor, or Clearinghouse as an agent to Trade Files upload/download on their behalf. Providers will use the email address and logon of the billing agent, software vendor, or clearinghouse in order to locate them and add them as their trading partner. Providers must accept to the terms and agreements prior to adding an agent to retrieve/submit files on their behalf.

Attention non-active enrolled Medicaid Providers.

- Prior to enrolling in EDI services, please submit the Provider Enrollment Application to the Provider Enrollment dept. in order to become active in the Medicaid Program. Providers may also attach the EDI Agreement with the Provider Enrollment application if interested in sending or receiving EDI transactions. For questions regarding provider enrollment information, please contact the Provider Services Contact Center at 1-800-766-4456 and follow the prompts to be routed to the Provider Enrollment Unit.

- Once the Provider Enrollment application has been processed and approved, the provider is assigned a Medicaid Provider ID and if there was an EDI agreement attached to the Provider Application, the EDI agreement is forwarded by Provider Enrollment to the EDI services unit for final approval of EDI enrollment.

- EDI Services will notify submitters when the EDI paperwork is complete and (if approved) how to proceed to test the files using the Ramp Manager system (which is mandatory prior to being made Active in our Production Environment to submit claims electronically). Submitters can continue to submit via paper or via the Web Direct Data Entry method until their EDI enrollment is approved.